

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 532

County Registrar No. _____

Local Registrar No. _____

St. _____ Ward _____

If child is not yet named, make supplemental report, as directed.

1. County of Pima

District of _____

Town of Arizona

or

City of Tucson

Starks Nest, 2331st Court

2. Full name of child

Not yet named

3. Sex of Child

male

To be answered ONLY in event of plural births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate?

yes

7. Date of birth

March 8, 1925

8. FATHER

Full name William H Bryant

14. MOTHER

Full maiden name Mayche Peggo

9. Residence

(Usual place of abode)

247 East Mabel St

If nonresident, give place and state

Tucson

15. Residence

(Usual place of abode)

247 East Mabel St

If nonresident, give place and state

Tucson

10. Color or race

white

11. Age at last birthday 25 (Years)

16. Color or race

white

17. Age at last birthday 20 (Years)

12. Birthplace (city or place)

(State or country)

Mo

18. Birthplace (city or place)

(State or country)

Arizona

13. Occupation

Nature of industry

Manager

Cleaning Works

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 2
(b) Born alive but now dead 0
(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 10:30 a.m. on the date above stated.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.

Given name added from

a supplemental report

Month, day, year.

Signature

Address

Filed

Filed

Registrar.

123 So Stone Ave Tucson Arizona

3/8/25

1925

May

123 So Stone Ave

Local Registrar.

County Registrar.

123-306-472